I certify (or declare) under penalty of perjury that the foregoing is true

and correct.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD

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2530

STATE DEPARTA	IENT OF HEALTH SFUND RECORDS CTR
PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler) 999000416
Name (print or type): Welock Conglan	Name (print or type): ALL AMERICAN OIL COMPANY
Pick up Address: 13334 Man A 91020 Code No.	Business Address: 8655 So. Main Street, Los Angeles 9000 gde No.
Telephone Number: (21) 327 27 8.60 or Contract No.: 10-12-1) K	Telephone Number: 213) 759-6145 Pick Up: (Street) Time: (12) Fig.
Order Placed By: Date:	State Liquid Waste Hauler's Registration No. (if applicable):
Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drillingCode No. wastewater treatment, pickling bath, petroleum refining) DESCRIPTION OF WASTE (Must be filled by producer) Check type of wastes: 1.	Vehicle: Truscuum truck barrels, lated, lother facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of authorized agent and tit.
3. Pesticides 4. Paint sludge 5. Solvent 6. Tetraethyl lead sludge 7. Chemical toilet wastes 10. Drilling mud 11. Contaminated soil and sand 12. Cannery waste 13. Latex waste 14. Mud and water 15. Brine Code No.	DISPOSER OF WASTE (Must be filled by disposer) Name (print or type): Code No. Code
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide) 1. NONE 2. 3. 4. 5. 6. Hazardous Properties of Waste: pH	Quantity measured at site (if applicable): Handling Method(s): recovery treatment (specify): [Examples: incineration, neutralization, precipitation)-Code No. disposal (specify): other (specify): Disposal Date: I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of authorized agent and titl The site operator shall submit a legible copy of each completed Record to the State Department of Health with winthly fee reports.
Containers: (Number)	State Department of Health with monthly fee reports.
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).	

Signature of authorized agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name